

K082995

SAFESTITCH
MEDICAL

Premarket Notification Submission 510(k) – Dilator

Safestitch SMART Dilator 510(k) Summary

Company:	SafeStitch Medical, LLC.	FEB - 6 2009
Contact:	Mario Arbesu Director, Quality Assurance and Regulatory Affairs SafeStitch Medical, LLC. 4400 Biscayne Boulevard Miami, FL 33137 Phone 305.575.4631 Fax 305.575.4130	
Trade Name:	SMART Dilator	
Device Type:	Esophageal Dilator	
Classification Regulation:	876.5365	
Class:	II	
Panel:	Gastroenterology/Urology	
Product Code:	KNQ	
Predicate Devices:	Savary-Gilliard Dilators (K851955) Optical DVS Esophageal Dilator (K031147)	
Device Description:	<p>The SMART Dilator is a sterile, single use disposable esophageal dilator. The SafeStitch endoscope guide dilator consists of a graduated tube with a center endoscope channel, a tapered tip and a safety handle. The flexible endoscope has a relative rigidity and in combination with the dilator will provide sufficient axial integrity for dilation. The handle provides feedback to indicate how much axial force is being placed on the device and subsequently, the esophagus.</p>	
Indications For Use:	<p>The SMART Dilator is indicated for dilation of strictures of the esophagus under endoscopic visualization in adults 18 years or older.</p>	
Technological Characteristics:	<p>The SMART Dilator is similar to the predicate devices in design and operation. The primary differences are the</p>	

handle that provides the user with feedback as to how much force he/she is applying.

Performance Data:

Bench testing was performed to verify the SMART Dilator's performance to internal specifications. In addition, bench testing was also performed to demonstrate that the SMART Dilator is substantially equivalent to both the Savory-Gilliard Dilator and the Optical DVS Esophageal Dilator.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

FEB - 6 2009

Mr. Mario Arbesu
Director, Quality Assurance and
Regulatory Affairs
SafeStitch Medical, LLC
4400 Biscayne Blvd., Suite 670
MIAMI FL 33137

Re: K082995
Trade/Device Name: SMART Dilator
Regulation Number: 21 CFR §876.5365
Regulation Name: Esophageal dilator
Regulatory Class: II
Product Code: KNQ
Dated: January 15, 2009
Received: January 15, 2009

Dear Mr. Arbesu:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

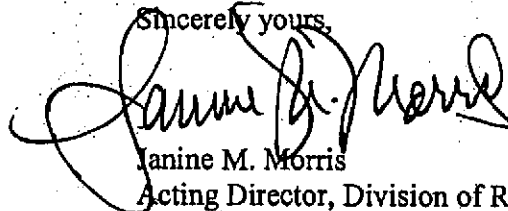
This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter.

21 CFR 876.xxx	(Gastroenterology/Renal/Urology)	(240) 276-0115
21 CFR 884.xxx	(Obstetrics/Gynecology)	(240) 276-0115
21 CFR 892.xxx	(Radiology)	(240) 276-0120
Other		(240) 276-0100

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometrics' (OSB's) Division of Postmarket Surveillance at 240-276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at 240-276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry.support/index.html>.

Sincerely yours,



Janine M. Morris
Acting Director, Division of Reproductive,
Abdominal, and Radiological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K082995

Device Name: SMART Dilator

Indications for Use:

The SMART Dilator is indicated for dilation of strictures of the esophagus under endoscopic visualization in adults 18 years or older.


Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF
NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign-Off)
Division of Reproductive, Abdominal and
Radiological Devices
510(k) Number K082995